

JUL 11 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

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Shmuel Livnat

PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 29025.0001										
<table border="1"> <tr> <td colspan="2">In re Application of Arlene RAMSINGH, et al.</td> </tr> <tr> <td>Application Number 09/879,572</td> <td>Filed June 12, 2001</td> </tr> <tr> <td colspan="2">For: COXSACKIEVIRUS B4 EXPRESSION VECTORS AND USES THEREOF</td> </tr> <tr> <td>Art Unit 1648</td> <td>Examiner Stacey Chen</td> </tr> </table>			In re Application of Arlene RAMSINGH, et al.		Application Number 09/879,572	Filed June 12, 2001	For: COXSACKIEVIRUS B4 EXPRESSION VECTORS AND USES THEREOF		Art Unit 1648	Examiner Stacey Chen		
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 510.00.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 33,949</p> <p>June 11, 2008 _____ Date _____ Signature _____ (202) 496-7845 _____ Telephone Number _____ Signature _____ Shmuel Livnat Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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